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FEC FORM 2

STATEMENT OF CANDIDACY

	4.5														
	me of Candidate (in full)														
	rns, Robert, Andrew, ,					100 ":									
) Address (number and street)				Candidate's FEC Identification Number H8NH02309										
(c) City	, State, and ZIP Code					3. Is This		ew	Amended						
	anchester		NH	03109	9	Statem	nent 🗶 (N	N) OR	(A)						
4. Party A	ffiliation	5. Office Sought			6. State & Dist	rict of Candid	late								
REPU	IBLICAN PARTY	House			NH	02									
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE															
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)															
NOTE: This designation should be filed with the appropriate office listed in the instructions.															
	ne of Committee (in full)														
В	urns for NH														
	dress (number and street)														
30 4	Harvey RD														
(c) City	, State, and ZIP Code														
В	edford				NH	03110	1								
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)															
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.															
NOTE: This designation should be filed with the principal campaign committee.															
(a) Nar	ne of Committee (in full)														
(4)															
(b) Add	dress (number and street)					(b) Address (number and street)									
(c) City	State, and ZIP Code														
(c) City	, State, and ZIP Code														
(c) City	, State, and ZIP Code														
(c) City		mined this Stateme	nt and to the	best of r	my knowledge a	and belief it is	true, correc	t and compl	lete.						
	I certify that I have exa	mined this Stateme.	nt and to the	best of r	ny knowledge a	_	true, correct	t and compl	lete.						
Signature	I certify that I have exa	mined this Stateme.	nt and to the	best of r	ny knowledge a	Date		t and compl	lete.						
	I certify that I have exa	mined this Stateme	nt and to the		my knowledge a	_		t and compl	ete.						
Signature	I certify that I have exa	mined this Stateme	nt and to the			Date		t and compl	lete.						
Signature Burns, Rol	I certify that I have exa			[Electi	ronically Filed]	Date 05/11/20	18								
Signature Burns, Rol	I certify that I have exa e of Candidate bert, , ,			[Electi	ronically Filed]	Date 05/11/20	18								
Signature Burns, Rol	I certify that I have exa e of Candidate bert, , ,			[Electi	ronically Filed]	Date 05/11/20	18								

FEC FORM 2 (REV. 02/2009)